

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/525,170</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		0				
2		/					52		0				
3		/					53		0				
4		/					54		0				
5		/					55		0				
6		/					56		0				
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		10					61		/				
12		10					62		/				
13		10					63		/				
14		0					64		/				
15		10					65		7				
16		10					66		7				
17		10					67		7				
18		10					68		0				
19		10					69		0				
20		10					70		0				
21		10					71		7				
22		10					72		7				
23		10					73		7				
24		10					74		7				
25		10					75		7				
26		10					76		7				
27		10					77		7				
28		10					78		7				
29		10					79		7				
30	/						80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		7					87						
38		7					88						
39		7					89						
40		7					90						
41		0					91						
42		7					92						
43		/					93						
44		/					94						
45		7					95						
46		/					96						
47		10					97						
48		10					98						
49		0					99						
50		0					100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	365					
TOTAL CLAIMS							TOTAL CLAIMS	366					